**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/625510
Filing Date	7/25/2000
First Named Inventor	Kamijo Fumiaki
Art Unit	2644
Examiner Name	GRIER, LAURA A
Attorney Docket Number	040405-0323

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 22428

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|--|---|---|---|
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Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

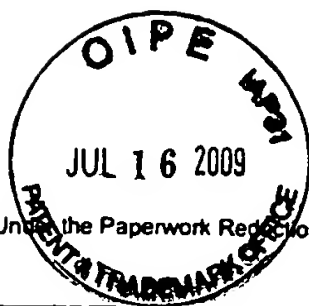
- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 78]

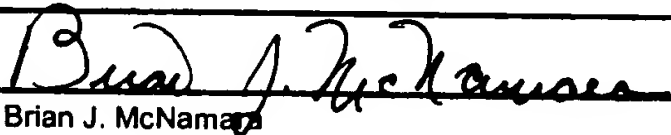
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[Page 2 of 78]

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